MISSION TO LOGGAR - NOVEMBER 88 -

CATHERINE AND JEAN MARIE

1) MOTIVATIONS

1° The request came from Youssof and Ibrahim, two ex-students of the first class of the MTA, practising in the same district of the Loggar province. They wanted the help of a medical team in order to improve their medical training and determine the need of a hospital in the area.

2° We completed the mission with two more aims because our assistant-doctors had never been trained in these fields and it was time to commence correct management of their clinics and first elements of public health. We could discuss these goals directly with Ibrahim and Youssof as they came to Peshawar to take a stock of medicines for six months. We travelled together to the Loggar. We planned to stay there during 4 to 6 weeks.

2) THE TEAM

1° Myself, Catherine Carnet, a 30 year old doctor already having good experience of care of the natives of various countries and cultures and used to practising medicine in bad conditions.

2° Jean-Marie Fleury, a 40 years old nurse, who spent in the past many years in the Navy has been practising medicine far from medical facilities.

3° There was no photographer or translator. We could communicate with Youssof and Ibrahim in English, and with the population in Pashtu which is a difficult language.

3) THE LOGGAR LAND AND PEOPLE

We discovered the Loggar after an adventure of three days crossing the mountains through Teremonga (Pakistan) and Dubandi (Paktia) on different ways - bus, car, horse, night-trekking. It is a wide plateau 2000 meters high above the sea with a dry continental climate, surrounded by high mountains. All the area is covered by snow for 1 to 3 months during the winter. All the villages are close to each other and build on an irrigated desert. The first impression we had is that, despite the war, life seem to be normal for these people, farmers most of them. Everybody is energetically rebuilding damaged houses and canals or taking care of fields and cattle. Baraki is the main town of the area and is well supplied by trucks from Kaboul, 70 km in the North, and by camels or horse caravans from Pakistan. Population around Baraki is estimated at 10,000 with approximately 60% of children. A few "doctors" practise in good harmony in the area. Youssof has an out-patients clinic, in Chomazar and Ibrahim one in Kele-Manmat, one hour walking far from each other. Both enjoy their job and have a good reputation.

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4) ACHIEVEMENT OF THE OBJECTIVES

1° Medical training for Youssof and Ibrahim

They have been both practising as real doctors for a few years, making examinations, diagnostics and treatments while two or three helpers make bandages and distribute medecines.

Our action began with three days of work with Ibrahim, then two weeks with Youssof and one more week with Ibrahim. While Jean Marie was teaching some basic notions of organization, hygiene and correct bandaging to the nurses, I help Ibrahim for his consultations, examining women and giving him many pieces of advice about his diagnostic and treatment strategy. I had the opportunity to teach him the procedure of a veinous locoregional anesthesia of the hand which consists in cleaning and exploring properly a big infected wound caused by a mine explosion. I also had the opportunity to show them that severe dehydration in a baby should not be considered as a desesperate case, even at the stage of coma. I taught Youssof and his nurses how to make a non-circular plaster. The rest of his work is of good quality, I limited my help to a few pieces of advices.

2° Training for nurses

Every morning, Jean Marie taught how to nurse and take care of hygiene at the clinic and in the afternoon I gave courses using the blackboard, using a lot of drawing, translated Farcy by Youssof. He requested anatomy lessons, so I did this but also taught prevention. All the students, nurses and mollahs, copied down everything on their notebooks.

The improvised programme was as follows :

1- Alimentation, Classification of food.
2- Malnutrition, Marasme, Kwashiokor , Prevention, Treatment.
3- Anatomy, Head vertebral column, Inferior member.
4- Superior member.
5- Cardiovascular system.
6- Renal system, digestive system.
7- Dehydration and treatment.
8- Hygiene, prevention of infected wounds and skin parasites by daily washing, prevention of intestinal parasites by water hygiene.

3° Prevention : Continuous assistance to smallchildren

In Peshawar, I had prepared a "child" form to be filled for every child younger than 2 years old, which indicated weight and left a blank place for the child's nutrition. The aim was first to detect malnutrition and secondly to explain the treatment to the mother, giving her an appointment for the next week to assist and to consult with the child again at the clinic until he became healthy.

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The technique was simple : to put the childforms on the sick children into a special box at the clinic and not to forget them, taking informations from them if they didn't come to their appointments and to make sure that the treatment is effecient. Our assistant-doctors carefully filled in the forms however one forgot to keep it at the clinic and the second one forgot to weigh the child again when the mother brought him back for the consultation.

4° Prevention : Teaching hygiene to children

We could achieve this aim at Chamazar with the help of the Mollah Zazaï, who had carried on my own course on this subject at school. I was not able to teach myself for the simple reason that class was given in the mosque. Zazaï was one of our best friends, who visited us daily and taught us Pashtu with great patience.

5° Prevention : teaching to the local midwifes

This was one of the most difficult objective to achieve because of a great shyness of the women towards me and the lack of interest and help of assistant-doctors for this difficult subject : pregnancy. A first midwife, contacted by Youssof had never come to the appointment. While I patiently was looking for another midwife, I draw quick pictures on delivery, with the absolute indications for admission to hospital. At the end of my stay in the Loggar, I was called for a few obstetrical emergencies and met the midwife I needed, Adara ready to learn as much as I wanted to teach her. The door opened. I gave the course first to Wakeel, the only man really interested by women, brother and nurse of Ibrahim, who seemed to be passionately interested by the subject and learnt very quickly. He correctly repeated the course to our Adara and also to another midwife on the village. I could leave happily and came back to Peshawar with great hopesfor the future.

6° Prevention : pregnancy check ups

In Peshawar, I had prepared forms with a table which resumed all the important symptoms that should be checked every month during pregnancy, with indications available for hospitalization. I insisted on the fact that Hdara should persuade pregnant women to go to this consultation every month and I told Wakeel to see them. I don't know the outcome of all these efforts because we left the next day.

5) ACTIVITIES OUT OF OBJECTIVES

1° Consultation for women

Everybody asked me to examine women, at the clinic and at home forgetting that I knew very little of their language. I had no other choice than to accept because nobody wanted to examine them and it was the only opportunity for them to be correctly treated. I also hoped to thus have an opportunity for teaching.

They came from very far away to see me or quite often asked me to go to their houses in case of real necessity. I organized an improvised clinic at the neighbour's house in Chamazar because the clinic was too small and full of men, but they did not understand the meaning of discipline and I became irritated at having to instill order every day just in order to hear my patient.

2° Travelling around

Very often someone picked me up at home or at the clinic in order to bring me, on foot or by bicycle, to his home to visit ill women. It was difficult to refuse because the information was not precise enough to establish the difference between an emergency case and a chronic disease. It was very tiring because it compelled me sometimes to spend the night there. Nevertheless some trips still hold good memories for me, like the trip back home in a horse calash in the company of my body-guard singing in the night in the solitude of the desert.

3° Failures

Despite of constant contact with women, I found it difficult to begin a health education as I knew so little Pashtu that I gave this up for the time being. However, each time I could, I repeated pieces of advice about foodshiffs which were too greasy or lacked vegetables and fruits.

6) SUGGESTIONS FOR THE FUTURE

1° Hospital in Baraki or Shakh

There should definitely be a hospital in one of these towns and we should think about it immediately. The area is located near the road Kabul-Kandahar and Kabul-Gardez, details which are important for further economic development. The density of population, the very active life of the villages being rebuilt and people working in the farms, the relatively long distance to the nearest hospitals and the request coming directly from few commanders all constitute good arguments. Geographically speaking, the best place could be Baraki, located in the center of the area.

2° Further training for Youssof and Ibrahim

Ibrahim really needs a medical team which could give him training and would work with him. Youssof does good work alone, he did'nt need my help. However, he could learn more from specialists if a hospital was created in the district. In this perspective, the first intervention that he could perform in his new clinic (ie. out of a hospital) where he wants to add a few beds could be uterine curetages (in the case where the patient accepts this and of which I have seen a few indications) and skin drafts on large wounds or burns.

3° Prevention

Teams for further training should prove very useful in helping Youssof and Ibrahim carry on with the programme for children and Wakeel with his courses of obstetrics for the midwife. This team should include a midwife with good medical experience or a woman-doctor with good experience in obstetrics and who should speak Pashtu. This "super woman" could at the same time begin teaching the mothers the prevention of marasme, kwashiorkor and dehydration, points which are important. I think it is easier to teach prevention of malnutrition and dehydration than to teach how to recognize these diseases.

CONCLUSION

Hospitality, kindness and respect from the population made our difficult job a wonderful human adventure : we were isolated all the time during our stay in the Loggar and we shared everything : happiness, difficulties, food, worries and cold. They live in a collective freedom that nobody will be able to destroy.

I experienced the strongest cultural shock that ever occurred in my life in my situation as a woman but I came back happy and serene, ready for the next mission.

Catherine Carnet